



TOWN OF HOPEDALE

P.O. BOX 7 • 78 HOPEDALE STREET
HOPEDALE, MA 01747
TEL: (508) 634-2206 • FAX (508) 634-2200

Office of:
Building Commissioner
Zoning Enforcement Officer

APPLICATION FOR PERMIT TO BUILD OR ALTER (ALL OTHER CONSTRUCTION)

To the Building Commissioner:

Date: _____

The undersigned hereby applies for a permit to construct, reconstruct, alter, enlarge, renovate, repair, remove, demolish, or change the use or occupancy according to the following information and plans filed herewith:

LOCATION: _____ ASSESSORS' MAP/PARCEL: _____ ZONING DISTRICT: _____

OWNER'S NAME: _____ ADDRESS: _____

BUILDER'S NAME: _____ ADDRESS: _____

OWNER'S PHONE: _____ BUILDER'S PHONE: _____

LICENSED PERSON RESPONSIBLE FOR PROJECT: _____ LIC. #: _____

USE OF BUILDING: Residential _____ Commercial _____ Business _____ Manufacturing _____ Other _____

MASSACHUSETTS STATE BUILDING CODE TYPE CONSTRUCTION: _____ USE GROUP: _____

ARE ANY BEDROOMS BEING ADDED? YES _____ NO _____ IF YES, # OF TOTAL BEDROOMS (old plus new) _____

IS ANY PART OF THIS PROJECT WITHIN 100' OF A WETLAND? YES _____ NO _____ (if unsure, check with Conservation Commission)

SIZE OF PROPOSED BUILDING: _____ EST. COST OF CONSTRUCTION (excluding land) _____

DESCRIPTION OF PROJECT: _____

I hereby certify that I am the owner of record of the property listed above or that I have been duly authorized by said owner to make this application as the owner's agent and that all the information above, and plans and specifications submitted are correct and that all work pursuant thereto shall comply with all applicable provisions of the Commonwealth of Massachusetts Statutes, Building Code, and Town of Hopedale Zoning By-Laws shall be complied with. The following is subscribed to and executed by me under the Pains and Penalties of Perjury.

OWNER'S SIGNATURE: _____ DATE: _____

LICENSE HOLDER'S SIGNATURE: _____ DATE: _____

Building Department

BUILDING AND SITE PLAN REQUIREMENTS

BUILDING PLANS: 2 Sets, drawn to scale, clearly dimensioned. Set to include: Elevations, Floor plans, Electrical, Plumbing, Mechanical, Type of heat, Foundation, Framing (floors, walls, roofs), Typical cross sections. All materials, spacings, and fastenings must be noted. Chimney construction should note: materials, clearances, flue dimensions, etc. Also all window sizes. Note: For buildings over 35,000 cubic feet see Building Commissioner for "controlled construction" package.

SITE PLANS: (2) Shall include the following: The entire lot with lot line dimensions and total area of lot, Existing and proposed buildings (include porches and decks), Proposed driveway entrance, Front, Sides, and Rear yard setbacks, Any streets within 200' of lot, Existing and proposed contours of lot, A benchmark must be established and put on plans, Top of foundation and basement floor elevations, All water, sewer, and storm drain connections, Any septic systems or wells to be used, or that are in use, Off street parking areas, Nearest pole with number, Assessors map and lot number, Any and all types of wetlands within 100' of proposed work.

ADDITIONAL REQUIRED TOWN OF HOPEDALE DEPARTMENTAL APPROVALS

The following is a list of sign offs that must be obtained before a building permit can be issued. If your project is on town water and sewer, then get the water and sewer sign offs, If your project is going to be serviced by a septic system and well then get the board of health sign off.

FIRE DEPARTMENT: _____ Date: _____
 Remarks: _____

WATER and SEWER: _____ **Date:** _____

Remarks: _____

BOARD of HEALTH: _____ **Date:** _____

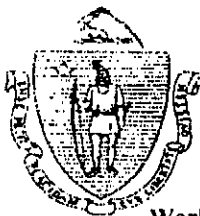
Remarks: _____

CONSERVATION COMMISSION: Only needed if the site plan of your project determines that you will be working within 100' of any type of wetland. Sign: _____
Date: _____ Remarks: _____

PLANNING BOARD: Depending on the site, size or nature of work, location of work, the Building Commissioner may require that you go to the Planning Board.

ZONING BOARD: Depending on the site, size or nature of work, location of work, the Building Commissioner may require that you go to the Zoning Board.

After the above is completed take it, with your building plans and site plan to the Building Commissioner's Office.



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit: Building/Plumbing/Electrical Contractors

Applicant information:

Please PRINT legibly

name:

address:

city

state:

zip:

phone #

work site location (full address):

☐ I am a homeowner performing all work myself.

Project Type: ☐ New Construction ☐ Remodel

☐ I am a sole proprietor and have no one working in any capacity.

☐ Building Addition

☐ I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city:

phone #:

insurance co.

policy #

☐ I am a sole proprietor, general contractor, or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

company name:

address:

city:

phone #:

insurance co.

policy #

company name:

address:

city:

phone #:

insurance co.

policy #

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one year's imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature

Date

Print name

Phone #

official use only do not write in this area to be completed by city or town official

city or town:

permit/license #

☐ check if immediate response is required

contact person:
(revised Sept. 2003)

phone #:

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other

Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", an *employee* is defined as every person in the service of another under any contract of hire, express or implied, oral or written.

An *employer* is defined as an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.

MGL chapter 152 section 25 also states that every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required. Additionally, neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.

Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation. Please supply company name, address and phone numbers along with a certificate of insurance as all affidavits may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the "law" or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below.

City or Towns

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

**The Commonwealth Of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Ma. 02111
fax #1 (617) 727-7749
phone #1 (617) 727-4900 ext. 406**



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AFFIDAVIT

As a result of the provisions of MGL c 40, S 54, I acknowledge that as a condition of Building Permit Number _____ all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150A.

THE DEBRIS WILL BE DISPOSED OF IN:

(Location of Facility)

OR

I certify that I will notify the Building Official by _____ (two months maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

ADDRESS OF WORK LOCATION:

Signature of Applicant: _____ Date: _____

Firm Name, if any: _____



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AFFIDAVIT HOME IMPROVEMENT CONTRACTOR LAW Supplement to Permit Application

MGL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units . . . or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements.

Type of Work: _____ Est. Cost: _____

Address of Work: _____

Owner Name: _____

Date of Permit Application: _____

I hereby certify that:

Registration is not required for the following reason(s):

- _____ Work excluded by law
- _____ Job under \$1,000.00
- _____ Building not owner-occupied
- _____ Owner pulling own permit
- _____ Other (specify) _____

Notice is hereby given that:

OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142 A.

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date Contractor Name Registration No.

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

Date Owner Name / Signature